

# My Day as an Abortion Care Provider

A thank-you, a prayer for my soul, a 14-year-old.

By Lisa H. Harris

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I became an obstetrician-gynecologist 20 years ago because I wanted to be a source of compassion and expertise for patients and their families as they navigate a wide range of reproductive experiences, including when they seek abortion care. I wanted to be someone my patients could turn to when others might abandon or judge them.

I didn't go into medicine because I wanted to be part of political debates. But I am struck by how often abortion laws are uninformed by the needs of the people who most feel their impact. And I'm astonished at how little the political rhetoric reflects the lived experiences of women who seek abortion care, or those of their caregivers.

So let me offer you a window onto a typical day in my practice in Michigan in the summer of 2018. (I've changed my patients' names for their privacy and received permission to share details that may be recognizable.)

Around 9 a.m., I arrive at the health center where I work and I see familiar protesters in a prayer circle on the lawn. Volunteer escorts are nearby too, helping women and their loved ones enter the building. I park my car and walk through the bulletproof front door. I always breathe a sigh of relief when I get safely inside.

As I head to my office desk, the health center manager greets me with a warm hello, and the recovery-room nurses smile and wave. A counselor asks me whether I'm going to visit my daughter at camp for parents' visiting day (I am); her daughter also attends that camp.

Our staff counselors meet with each patient and listen as they talk about their lives. The staff counselors ensure they are aware of resources for adoption and parenting and share information about the abortion process. Those sessions often last a long time, so I begin reviewing patient charts.

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Then I turn to my unopened mail. The first letter is from Karen and her boyfriend, Adam. I had performed Karen's abortion a few weeks earlier. She wrote: "Thank you for your expertise with the surgery. We would also like to thank you for taking the time to make sure Adam was okay. We truly appreciate that you care." My heart swells.

I open another envelope, and as I unfold the letter inside, a picture of Jesus falls onto my lap. "Hello!" the letter reads, in friendly blue handwriting. It is signed by a local physician and a nun. They are worried that my soul is in turmoil because I do abortions. Their note is not hateful — it is full of love, actually. I wish I could reassure them that my soul is O.K.

I do think about the moral complexities of abortion. I know that for every woman whose abortion I perform, I stop a developing human from being born. And I also know that I can't turn my back on the people who ask for my care. Both things are true at the same time.

The next note is from my patient Kendra, whom I had seen in the emergency room of a hospital where I also work. She was so happy about her pregnancy, but she developed a life-threatening infection in her second trimester. It didn't respond to antibiotics and rapidly spread through her body. It was impossible to save both her and her pregnancy, so I performed her abortion in the hospital.

"You saved my life that night!" she wrote. "You are my God Sent Angel." In the E.R., she had asked her grandmother whether God would punish her if she ended her pregnancy. Her grandmother, through tears, reassured her that God would understand. And now Kendra writes that perhaps we were brought together by God. I reach for tissues, humbled by the knowledge that sometimes abortion is lifesaving, even as many understand it to be life-ending.

It's 10:30 and the first patients are ready to see me now. I see each person twice — first to meet her, review her medical history, revisit her decision to end the pregnancy, and review and confirm that she has completed the state's required 24-hour waiting period and consent process.

Later in the day I see them for the abortion procedure. For those who request medication abortion, I provide a mifepristone pill and then a bottle of misoprostol to take home.

My youngest patient of the day is 14 and here with her parents. The oldest patient is 41, here with her husband. As on all days, my patients come from every walk of life. Most have children already; many have arranged their appointment so that they'll be done in time to pick them up after school. They assure me, again, that they are certain about their decision.

By the end of the day, I've seen 17 people, and made sure each received the care and time she needed. After counseling, two others left without having an abortion. One decided to continue her pregnancy and become a parent. Another appeared to need more time to think about it, and I encouraged her to do that. I support all of my patients' decisions and needs; doing so is core to my work.

This was a typical day, and on the way home some of it plays back in my mind. A mother of three crosses herself and then takes the mifepristone pill she requested. Another requests a copy of the ultrasound picture for her memory box. After the abortion procedure, one asks to see what had been in her uterus and is relieved that the fetus is less than an inch, so much smaller than she had imagined.

Another woman's tears roll down her face as she tells me that she nearly died while giving birth to her son, then takes a big breath and swallows the abortion medication. Her husband puts his arm around her as they leave together. The 14-year-old talks about starting high school in a few months.

I hope each felt that I had treated them with kindness, compassion and skill. I know that for each of them, there was a second entity there — a baby, a person, a potential life, a life, depending on your beliefs. And I know for some reading this, that is the only thing that is relevant. I also know that for others, the only life relevant is that of the pregnant woman. For me, it all matters.

I work in a complex space in which I respect a woman's request to end a pregnancy, which I understand as a request to help shape the course of her life. And I understand that a person won't be born because of that. More important, the woman and the people she chooses to support her in this process understand this too. I have been in this liminal space long enough to know that I am not alone.

For most people, when it comes to abortion, two seemingly opposing things are true at the same time. Abortion feels morally complicated because it stops a developing human from being born, which of course it does. And it feels wrong to decide for someone else that she must continue a pregnancy, because that takes away her ability to determine the course of her life, which of course prohibiting abortion does. And it is *really hard* to hold two seemingly conflicting ideas or beliefs or feelings at the same time.

Faced with this hard task, it might seem reasonable to some to support broad limits on abortion care, like those the Supreme Court will soon consider. Caring people might worry that without such restrictions, some women and doctors won't recognize the moral weight of abortion or won't take abortion decisions and medical care as seriously as they should.

However, I have learned that I can trust patients to know what they and their families need; no two people are ever exactly the same, and there is no one-size-fits-all approach that is right for every woman. And I trust my colleagues who are very often motivated to provide abortion care because their consciences, like mine, call them to be present for patients in this way. I have learned that most things in medicine and life, including abortion, are not simple. Abortion can evoke difficult and conflicting feelings and can, at the same time, be important and necessary.

Doctors and patients manage these tensions every day in abortion care. It is why someone might cross herself, then take mifepristone; end a pregnancy, and preserve a picture of the ultrasound in a memory box; shed tears as she declares she is certain about her decision; and provide or have an abortion, then go home to take care of her children that night.

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